Form Approved
OMB No. 0920-xxxx
Exp. Date xx/xx/xxxx



Number	Site	Sub-site	Sequential ID		
Patient ID					

## SEARCH Diabetes Eating Problem Survey (DEPS-R) for age 10 and older

Do you take insulin? □ Yes □ No → if no, do not complete this form.

Living with diabetes can sometimes be difficult, particularly regarding eating and diabetes management. Listed below are a variety of attitudes and behaviors regarding diabetes management. For each statement, check the <u>ONE</u> answer that indicates how often this is true for you during the **PAST MONTH**.

		Never	Rarely	Some- times	Often	Usually	Always
1.	Losing weight is an important goal to me.	•□	1	2	3□	4□	5
2.	I skip meals and/or snacks.	0	1	2	3	4	5
3.	Other people have told me that my eating is out of control.	0	1	2	3	₄□	5
4.	When I overeat, I don't take enough insulin to cover the food.	0	1	2	3	4	5
5.	I eat more when I am alone than when I am with others.	۰۵	ı	2	3	4□	5
6.	I feel that it's difficult to lose weight and control my diabetes at the same time.	0	1	2	з <b></b>	4	5
7.	I avoid checking my blood sugar when I feel like it is out of range.	0	1	2	3□	4	5
8.	I make myself vomit.	0	1	2	з <b></b>	4	5
9.	I try to keep my blood sugar high so that I will lose weight.	0	1	2	3	4	5
10.	I try to eat to the point of spilling ketones in my urine.	0	ı	2	3□	4	5
11.	I feel fat when I take all of my insulin.	0	1	2	3	4	5
12.	Other people tell me to take better care of my diabetes.	0	1	2	3□	4	5
13.	After I overeat, I skip my next insulin dose.	0	1	2	3	4	5
14.	I feel that my eating is out of control.	o <b></b>	1	2	3□	4	5
15.	I alternate between eating very little and eating huge amounts.	• <b>□</b>	ı□	. 2□	3□	4□	5🗖
16.	I would rather be thin than to have good control of my diabetes.	0	ı	2	3	4	5
>1	Please answer one additional question.						
1	7. I take less insulin than I should.	1 Ye	es 20 1	No		<b>3</b>	

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